

Guthrie Robert Packer Hospital



Introduction

Problem: Unsafe sleep practices are a leading cause of preventable infant deaths

Goal: To implement the Pennsylvania (PA) Safe Sleep initiative hospital-wide to reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related infant deaths.

Our Commitment: To provide families with consistent, evidence-based education and support to establish safe sleep environments for their newborns.

Phases of execution

PHASE 1: Baseline Assessment and Implementation Preparation

1. Safe Sleep Nursing Policy
2. Environmental and Practice Audit
3. Apply for continuing education credits for online learning modules

PHASE 2: Implementation

1. Safe Sleep Nursing Policy
2. Staff Education Modules: Goal 100% of staff completion
3. Education
 - A. Patient
 - B. Nurse
 - 1). Infant safety surveillance performed according to hospital policy
 - 2). Safe sleep practices reinforced and corrected as needed
 - 3). Safe sleep practice document in the medical record according to hospital policy



PHASE 3: Evaluation – 3 Months Post implementation

1. Environmental and Practice audit
2. Progress You Made Survey in Qualtrics
3. Parent Survey
4. Follow up chart audit data 3 months after implementation completed.

Benefits of Implementing PA Safe Sleep

Improved Infant Safety: Reduction in the risk of SIDS and other sleep-related infant deaths.

Consistent Messaging: Ensures all families receive accurate and consistent safe sleep information.

Empowered Families: Provides parents with the knowledge and resources to create safe sleep environments at home.

Enhanced Patient Satisfaction: Demonstrates the hospital's commitment to providing high-quality, evidence-based care.

Alignment with Best Practices: Adheres to national and state recommendations for infant safety

Engagement

To actively involve staff in learning about safe sleep practices, we developed an engaging exercise called the "Crib of Horrors." As part of their annual competency assessments, personnel were asked to examine a staged crib and identify all potential safety hazards within the simulated room environment. This interactive activity served as both an enjoyable game and an effective educational tool, successfully highlighting numerous areas of concern related to infant sleep safety



Understanding PA Safe Sleep Key Principles:

Based on the American Academy of Pediatrics (AAP) recommendations:

- Back to Sleep:** Always place the infant on their back for every sleep.
- Firm Sleep Surface:** Use a firm, flat sleep surface in a safety-approved crib, bassinet, portable crib, or play yard.
- Bare Crib:** Keep the crib empty of soft bedding, pillows, blankets, bumper pads, and toys.
- Room Sharing, Not Bed Sharing:** The infant should sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first 16 months.
- Overheating:** Dress the infant lightly for sleep and keep the room at a comfortable temperature.

Patient Voice

50% of patients who have their postpartum visit in February 2025 will have filled out a survey during their visit, evaluating their safe sleep education.

We had a total of 40 postpartum visits complete in the month of February. 30 of those visits completed their survey evaluating their safe sleep education.

To gather patient feedback, we developed a concise survey designed to elicit candid responses. Clinic staff were trained on the survey's administration, specifically at the 6-week postpartum visit, and the rationale behind its implementation. Clear protocols were established for patients reporting a lack of safe sleep environment, requiring immediate RN intervention and provision of a pack and play. All completed surveys were collected, and a member of the PAPQC committee compiled the results. We subsequently cross-referenced completed postpartum visits with survey submissions to assess participation rates. This data was shared at a system meeting.

We achieved high patient participation, and the survey indicated strong patient confidence in their safe sleep education. We are particularly pleased that no patients reported a lack of safe sleep environment for their infants.

Health Equity

We will begin administering MADM scales during our discharge process on labor and delivery. This scale will help patients to reflect on their prenatal care from prenatal visits in clinic and through their hospital stay. Our goal is to have 50% of patients with completed scales in the month of Feb.

Initially, we conducted research and distributed an article to all staff members explaining the MADM survey and its clinical utility. Subsequently, we integrated the survey into our discharge process, ensuring distribution to every patient. All completed surveys were collected. A member of the PAPQC committee then reviewed and compiled the survey data, which was subsequently shared with the PAPQC committee. This information is discussed at system meeting.

Our greatest achievements were the high survey completion rate and the overwhelmingly positive patient ratings. All surveys scored in range of 34-42 (High patient autonomy)